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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: D.A. Farias et al. Examiner: Gerald J. O'Connor
Serial No.: 09/712,584 Group Art Unit: 3627
Filed: November 14, 2000 Docket No.: SJO919990173
TITLE: REPLENISHMENT MANAGEMENT SYSTEM AND METHOD

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, Mail Stop: AF, P.O. Box 1450, Alexandria, VA 22313-1450 on September 28, 2004.

David W. Victor

9/28/04
Date

AMENDMENT

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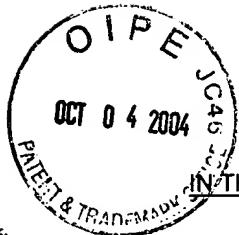
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

This amendment is submitted in response to a non-final office action dated June 28, 2004 ("Fourth Office Action") following submission of a second Request for Continued Examination (RCE) in the case. The Examiner rejected all pending claims 1-69 as obvious (35 U.S.C. §103) over prior art. Applicants made amendments to certain claims to correct minor issues. Applicants traverse the prior art rejections and submit that all pending claims 1-69 are patentable over the cited art.

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 20.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Examiner: Gerald J. O'Connor
 D.A. Farias et al.)
 Serial No.: 09/712,584)
 Filed: November 14, 2000) Art Unit: 3627
 For: REPLENISHMENT MANAGEMENT)
 SYSTEM AND METHOD)
)
)
)



PATENT TRADEMARK OFFICE

 ASSISTANT COMMISSIONER OF PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith in the above-identified application is an:

Amendment 28 pages.
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 No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA RATE	ADDIT. FEE OR RATE	ADDIT. FEE
TOTAL	69	MINUS 69	= 0	x \$0	OR x 18 \$0
INDEP CLAIMS	10	MINUS 10	= 0	x \$0	OR x 84 \$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$	OR + 280 \$
			TOTAL	\$0	OR TOTAL \$ -0-

Please charge Deposit Account No. 09-0466 the amount of \$____ to cover the extension fee and also the amount of \$____ to cover the claim fee. A duplicate copy of this sheet is enclosed.

A check in the amount of \$____ to cover the extension fee is enclosed.

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The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0466. A duplicate of this sheet is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

 David W. Victor
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Dated: September 28, 2004

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David W. Victor

 9/28/04
 Date